

POSITION	INITIALS	ID NO.	DATE
----------	----------	--------	------

FEES DETERMINATION**O.I.P.E. CLASSIFIER****FORMALITY REVIEW****RESPONSE FORMALITY REVIEW****INDEX OF CLAIMS**

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
—	(Through numeral)... Canceled	A	Appeal
:	Restricted	O	Objected

Claim #	Date	Claim #	Date	Claim #	Date
Final	Original	Final	Original	Final	Original
1	✓	2	✓	3	✓
2	✓	3	✓	4	✓
5	✓	6	✓	7	✓
8	✓	9	✓	10	✓
11	✓	12	✓	13	✓
14	✓	15		16	
17		18		19	
20		21		22	
23		24		25	
26		27		28	
29		30		31	
32		33		34	
35		36		37	
38		39		40	
41		42		43	
44		45		46	
47		48		49	
50		51		52	
53		54		55	
56		57		58	
59		60		61	
62		63		64	
65		66		67	
68		69		70	
71		72		73	
74		75		76	
77		78		79	
80		81		82	
83		84		85	
86		87		88	
89		90		91	
92		93		94	
95		96		97	
98		99		100	
101		102		103	
104		105		106	
107		108		109	
110		111		112	
113		114		115	
116		117		118	
119		120		121	
122		123		124	
125		126		127	
128		129		130	
131		132		133	
134		135		136	
137		138		139	
140		141		142	
143		144		145	
146		147		148	
149		150		151	
152		153		154	
155		156		157	
158		159		160	
161		162		163	
164		165		166	
167		168		169	
170		171		172	
173		174		175	
176		177		178	
179		180		181	
182		183		184	
185		186		187	
188		189		190	
191		192		193	
194		195		196	
197		198		199	
200		201		202	

If more than 150 claims or 10 actions
use additional sheet here